

Petroleum Tank Release Compensation Board Aboveground Storage Tank Self Inspection

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DEQ FACILITY ID#: (If assigned)

Number of AST systems at this facility:

COVER PAGE: Complete this form for each facility and other forms as applicable.

UST Facility Information (please print clearly)

(Name)

(Telephone Number)

(Street Address)

(City)

(State)

(Zip)

(Mailing Address)

(City)

(State)

(Zip)

(Contact person)

(Telephone Number)

AST Owner

AST Owner's Mailing Address

DATE OF INSPECTION: _____

PLEASE NOTE THE FOLLOWING:

1. You may need a Fire Prevention and Investigation Permit to correct deficiencies found during the inspection. Owner/operator should contact the Fire Prevention and Investigation Section, Department of Justice to determine if plans are required.
3. The **release or suspected release of petroleum** (or other regulated substances), a suspect release such as a failed leak detection monitoring event must be reported to the DEQ/PTS section within 24 hours. Contact the Petroleum Technical Section at **1-800-457-0568**.

I have performed this AST facility inspection .

Signature:

Name(Print):

Date:

I have reviewed this inspection report and have been advised of deficiencies and other recommendations.

Signature:

Name(Print):

Title: ☐ Owner ☐ Operator ☐ Authorized Representative

Date:

Petroleum Tank Release Compensation Board
PO Box 200902
Helena, MT 59620-0902

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Facility Name:

DEQ FACILITY ID#: (If assigned)

AST Information: Questions without references to the NFPA1/UFC are not requirements of the PTRCB but are suggested questions the owner or operator should consider during the evaluation of the facility.

		Tank #	Tank #	Tank #	Tank #	Tank #
1	Is the aboveground storage tank (AST) temporary or permanently removed from service? (Notification to the State Fire Marshal's office is required)	YES NO	YES NO	YES NO	YES NO	YES NO
2	Is there an underground line connected to the aboveground storage tank? (Registration with DEQ is required?)	YES NO	YES NO	YES NO	YES NO	YES NO
3	If question #2 is marked "YES", is a liquid shut-off device (solenoid or anti-siphon valve) located in the product line between tank and the underground piping?	YES NO	YES NO	YES NO	YES NO	YES NO
4	Does the tank have an audible alarm that will sound when liquid level reaches 90% of tank capacity? (Section 42.2.3.4.4.3 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
5	Is there a means provided to automatically stop the flow of liquid into tank when the liquid level reaches 98% capacity or is there a means to restrict flow of liquid into a tank to a maximum flow rate of 2.5 gallons per minute when liquid in the tank reached 95% capacity? (Section 42.2.3.4.4.3 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
6	Are guard posts or other approved means provided to protect tank that is subject to vehicular damage? (Section 42.2.3.4.5.2NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
7	Is the foundation designed to minimize corrosion in any part of the tank resting on the ground? (Section 66.2.3.1.1 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
8	Is the tank shape, size, or type consistent with sound engineering design? (Section 66.2.2.1 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
9	Is the tank foundations made of concrete, masonry, piling or steel? (Section 66.2.3.1.1 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
10	Is the foundation designed to minimize the possibility of uneven settling of the tank? (Section 66.2.3.1.1 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
11	Are metal tanks welded, riveted and caulked, or bolted, or constructed using a combination of these methods? (Section 66.2.2.1 NFPA1/UFC)	YES NO	YES NO	YES NO	YES NO	YES NO
12	Are you required to have a Spill Prevention, Control and Countermeasure (SPCC) plan? (CFR 140, Part 112)	YES NO	YES NO	YES NO	YES NO	YES NO
13	Are there any underground storage tank (UST) system at this location? (Are they registered with DEQ?)	YES NO	YES NO	YES NO	YES NO	YES NO
14	Is the AST higher in elevation than any dispenser?	YES NO	YES NO	YES NO	YES NO	YES NO
15	If question #14 is marked "Yes, is a liquid shut-off device located in the product line between the tank and the dispenser?	YES NO	YES NO	YES NO	YES NO	YES NO

Comments:

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)
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Facility Name		Facility ID# (If assigned)								
		TANK #	TANK #	TANK #	TANK #	TANK #				
16	AST Piping									
	a	Are all pipes, joints and valves connected to the tank liquid tight?				YES NO	YES NO	YES NO	YES NO	YES NO
	b	Is the piping connected to the AST substantially supported and protect from physical damage and excessive stresses arising from settlement, vibration, expansion or contraction?				YES NO	YES NO	YES NO	YES NO	YES NO
	c	Is any portion of the piping that is in contact with soil protected from corrosion in according with good engineering practice? (Section 42.2.4.2.3 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
	d	Does the design, fabrication, assembly, test and inspection of the piping meet the requirement of chapter 5 of NFPA1/UFC 30, Flammable and Combustible Liquids Code? (Section 42.2.4.4.2.1 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
17	Dispensers									
	a	Is the dispenser connected to the tank mounted on a concrete island? (Section 42.2.5.3.4 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
	b	Is the dispenser connected to the tank protected against collision damage? (Section 42.2.5.3.4 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
	c	Is a listed emergency breakaway device installed on each dispenser hose connected to the tank? (Section 42.2.5.5.2 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
	d	Is each fuel dispenser connected to the tank provided with an emergency shut off device or electrical disconnects? (Section 42.2.5.7 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
	e	Is each fuel dispensing device bolted securely in place? (Section 42.2.5.3.4 NFPA1/UFC)				YES NO	YES NO	YES NO	YES NO	YES NO
17	Bulk fuel loading rack									
	a	Does the vehicle bulk loading area have a means of containing spills and overfills?				YES NO				
Comments:										
(Inspector Initial)		(Date)		(Owner/Operator Initial)				(Date)		